

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-010029

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 48

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1007

2 07212

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FILED FEB 25 1963	
1. PLACE OF DEATH	
a. COUNTY SCOTT	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) SIKESTON	a. STATE MISSOURI b. COUNTY NEW MADRID
Length of stay in b. 12 hours	c. CITY OR TOWN NEW MADRID
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MO. DELTA COMMUNITY	d. STREET ADDRESS (If outside, give location) NEW MADRID
3. NAME OF DECEASED (Type or print)	4. DATE OF DEATH
First Middle Last WILLIAM ORVILLE EDWARDS	Month Day Year 2-15-63
5. SEX MALE	6. COLOR OR RACE WHITE
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Sept-19-1904
9. AGE (last birthday) 58	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC
10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and state or country) WEBSTER Co. - Ky.
13a. FATHER'S NAME Allen Edwards	13b. MOTHER'S MAIDEN NAME Bell Shoulders
14. NAME OF HUSBAND OR WIFE Algie Edwards	12. CITIZEN OF WHAT COUNTRY U.S.A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv)	16. SOCIAL SECURITY NO. [REDACTED]
17. INFORMANT Algie Edwards	Address NEW MADRID, MO.
18. CAUSE OF DEATH (Enter only one cause per line)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a)	ACUTE COR. ART. OCCLUSION INST.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	CRF. SCLER. HEART DIS.
DUE TO (b)	
DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1961 1963
20f. CITY, TOWN, OR LOCATION COUNTY STATE NEW MADRID MO.	
21. I attended the deceased from 11.05 P on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Carl G. Papp M.D.	
22b. ADDRESS SIKESTON, MO	
22c. DATE SIGNED 2-16-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2/18/63
23c. NAME OF CEMETERY OR CREMATORY EVERGREEN	
23d. LOCATION (City, town, or county) (State) NEW MADRID MO	
24. FUNERAL DIRECTOR RICHARDS FUNERAL HOME - NEW MADRID	25. DATE RECD. BY LOCAL REG. 2-20-1963
26. REGISTRAR'S SIGNATURE Jeanette Waldman R.D.	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *L. S. Hedgesmith*

Licensed Embalmer No. 2833

P. O. Address New Madrid, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.